

Not subject to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,090**

Complete if Known

| | |
|----------------------|----------------------------|
| Application Number | 09/869,229 |
| Filing Date | June 25, 2001 |
| First Named Inventor | Richard Ian Christopherson |
| Examiner Name | Carolyn L. Smith |
| Art Unit | 1631 |
| Attorney Docket No. | 650061.401USPC |

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments ☒ Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-------------------------|--------------|----------|---------------|---------------------------|
| | | | | Fee (\$) |
| _____ -20 or HP = _____ | X | = _____ | | _____ |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|------------------------|--------------|----------|---------------|
| _____ -3 or HP = _____ | X | = _____ | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------------|--------------|--|----------|---------------|
| _____ -100 = _____ | /50 = _____ | _____ (round up to a whole number) | x _____ | _____ |

4. OTHER FEE(S)

| | Fees Paid (\$) |
|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) | _____ |
| Other (e.g., late filing surcharge): Extension of Time (one month) | 120 |
| Information Disclosure Statement | 180 |
| Request for Continued Examination | 790 |

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------|-----------------------------------|--------------|-----------|--------------|
| Signature | <i>Mae Joanne Rosok</i> | Registration No. (Attorney/Agent) | 48,903 | Telephone | 206-622-4900 |
| Name (Print/Type) | Mae Joanne Rosok | Date | June 6, 2007 | | |